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Retail Pharmacy Network to Transition from CVS to Walgreens

On January 1, 2020, Network Health will transition to Express Scripts (ESI) as the pharmacy benefits manager for all lines of business. ESI has provided pharmacy benefits management for Network Health Medicare members since 2005. Through the transition, the retail pharmacy network will switch from CVS/caremark™ to Walgreens.

For our members' convenience, Network Health will provide access to Walgreens pharmacies beginning **August 1, 2019**. CVS pharmacies will continue to be in-network until December 31, 2019. This gives you and your patients time to work with a Walgreens pharmacist to transition pharmacy files from CVS.

Members will receive announcements regarding the change in July. If members decide not to participate in the early transition to Walgreens, we have advised them to refill prescriptions the last week of December 2019 to cover their medication needs until they can transfer their pharmacy files on January 1, 2020.

Authorization for Cardiology, Spine Programs Removed for Medicare

Effective July 1, 2019, Network Health will remove the prior authorization requirements for all spine and cardiology procedures with eviCore for our **Medicare population only**.

The spine and cardiology programs that no longer require authorization for **Medicare members** include the following services. Services performed on or after July 1 will not require prior authorization from eviCore.

- Cardiac diagnostics, including diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transeophageal echocardiograms, transthoracic echocardiograms
- Implantable spinal neurostimulator insertion, revision or removal procedures
- Cervical, lumbar and thoracic spine surgeries



Authorization requirements with eviCore's **spine and cardiology programs will continue for all Network Health commercial lines of business**. A list of all services that require prior authorization from eviCore is available at www.evicore.com/implementation/healthplan/network-health-wisconsin.

For more information about authorization requirements, forms or lists of services that require review, visit the Authorization Information section of our website at networkhealth.com/provider-resources/authorization-information.

For prior authorization requests, or if you have specific questions regarding a service, contact our population health department Monday-Friday from 8 a.m. to 5 p.m.

Medicare: Call 920-720-1602 or 866-709-0019

Commercial: Call 920- 720-1600 or 800-236-0208

For assistance with a predetermination request for Medicare cardiac or spine procedures contact our utilization management team at 920-720-1602 or 866-709-0019.

Please forward this information to those within your facility who will need to follow these processes.

Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone who needs these services should call 800-947-3529. All callers may leave a message 24 hour a day, seven days a week.

Updated Drug List Published for CCUM

On June 21, Network Health published an **updated list** of medical drugs that require prior authorization through ESI Care Continuum (CCUM). The most recent update is effective July 21, 2019.

[illegible]

This list will continually update throughout the year to remain in alignment with the evolving pharmaceutical marketplace.

The current and upcoming lists have been combined in one document to keep you informed in advance of any changes.

The **document** currently includes the lists for the following effective dates.

Effective July 21, 2019

Effective July 1, 2019

Effective May 1, 2019

The document also includes links to help you navigate the lists by effective date.

Updates Posted to Claims Policies

We have posted new procedures and policy changes for claims that will go into effect July 28, 2019. Based on feedback from providers, we have combined a few policies and have created several new procedures to clarify processes.

The new policies are located under [Claims Policies and Procedures](https://www.networkhealth.com/provider-resources) at [networkhealth.com/provider-resources](https://www.networkhealth.com/provider-resources), and include the following procedures.

- Correcting Provider Overpayments and Underpayments
- Subrogation
- Contract Pricing Updates
- Bill Audit Review
- Emergency Observation Inpatient Copayment



New CPT, HCPCS Codes Effective July 1

Quarterly, the American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare and Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

Effective July 1, there are new codes that will require prior authorization, and these services fall within our current authorization, experimental and/or genetic review processes.



For more information about authorization requirements, forms or lists of services that require review, visit the Authorization Information section of our website at networkhealth.com/provider-resources/authorization-information.

For prior authorization requests, or if you have specific questions regarding a service, contact our population health department Monday-Friday from 8 a.m. to 5 p.m.

Medicare: Call 920-720-1602 or 866-709-0019

Commercial: Call 920- 720-1600 or 800-236-0208.

For questions specific to behavioral health utilization, call 920-720-1340 or 800-555-3616.

Please forward this information to those within your facility who will need to follow these processes.


Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone who needs these services should call 800-947-3529. All callers may leave a message 24 hour a day, seven days a week.

Read the latest issue of The Script Newsletter

The Script is the quarterly newsletter produced by the Network Health Pharmacy department to inform providers of current and upcoming pharmacy-related news. This might include the following.

- Changes to the formulary
- Changes to Prior Authorization lists or processes
- Trends in prescribing medications
- Quality measures or tips for closing care gaps

The digital newsletter is available in the Provider Resources [News and Announcements](#) section of networkhealth.com.



The Script
network health
Dispensing pharmacy updates and guidance

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- [Continuous Glucose Monitoring Systems Covered](#)
- [Do Your Patients Struggle with Insulin Cost?](#)
- [Medication Highlights Grid](#)

Brand Inhalers Now Available as Generic

Breathe at Ease program offered to members at no cost

ProAir, Ventolin and Proventil inhalers are now available as a generic version. If you write your prescription as Albuterol HFA inhaler, the pharmacy will fill the prescription with the generic version.

Network Health also offers members a proactive condition management program called *Breathe at Ease* that is designed to help patients with chronic conditions avoid flare-ups, control symptoms and potentially improve their lung conditions. The program is intended to supplement a physician's care of chronic bronchitis, emphysema and COPD.

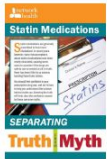
Breathe at Ease is available to qualified members at no cost. To learn more about the program and available locations, or to refer a patient to the program, contact Network Health's condition management team at 920-720-1600.

Remind patients with diabetes to take statins

Network Health encourages members with diabetes to take their prescribed medications and undergo appropriate health screenings. Recently, our efforts revealed that some diabetic members are not taking a statin, or are unwilling to try a different statin, because of experienced side effects.

Statin-type cholesterol medications have been shown to greatly lower the risk of heart attack and stroke in patients with diabetes. The recommendation is that all diabetics, regardless of cholesterol levels, take a statin unless other medical reasons prevent it.

At Network Health, our pharmacists have created an informational member booklet that debunks the seven most common myths that discourage patients from taking statins. *Statin Medications: Separating Truth from Myth* was recently mailed to members with diabetes to encourage medication adherence. Please remind patients about the importance of taking their medications and review the benefits of statin medications with them.



Preview Our New Clinical Newsletter - The Consult

This month, Network Health adds a clinical-focus newsletter to our suite of provider communications.

The Consult is a monthly communication to strengthen collaboration with clinicians. This newsletter will notify you about our member programs designed to close care gaps, inform you about initiatives around specific quality measures, and share highlights and success stories from our health management teams and network providers.

[Email us today](#) to subscribe to The Consult.



The Consult
network health
Collaborating with providers for the best quality care

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- [Statins: Helping Patients Separate Truth from Myth](#)
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Network Health Launches New Clinical Newsletter

This month, Network Health adds a clinical-focus newsletter to our suite of provider communications which currently includes *The Pulse* (for operations news, such as claims updates) and *The Script* (for pharmacy news and updates).

The Consult is a monthly communication to strengthen collaboration with clinicians. Together, we can ensure our members, your patients, are satisfied they receive the best quality care in the right place at the right time.

This newsletter will notify you about our member programs designed to close care gaps, inform you about initiatives around specific quality measures, and share highlights and success stories from our health management teams and network providers.

Every month, we will feature a clinician doing innovative work in his or her practice to improve health outcomes and patient satisfaction. For our inaugural issue, we shined the spotlight on our Network Health Medical Director team.

Led by Dr. Gregory Buran, chief medical officer, this team of board certified physicians lends its clinical expertise to business practices in population health—including utilization management, health management, quality and clinical integration.

If you are not a current subscriber to The Pulse and you would like to be added to the mailing list, please [email us today](#).

Current and archived issues of The Pulse, The Script and The Consult are available at networkhealth.com/provider-resources/news-and-announcements.



Don't forget to check us out on social
media



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